



TOWN OF
VIENNA
Virginia

2026 YEAR

Gross Receipts for prior calendar year

ORD#

BUSINESS NAME/ADDRESS

APPLICATION FOR TOWN BUSINESS, PROFESSIONAL AND/OR OCCUPATIONAL LICENSE

In accordance with Vienna Town Code Sec. 8.3 (Code 1962)

TOWN OF VIENNA, VIRGINIA

DEPARTMENT OF FINANCE
127 CENTER STREET, SOUTH
VIENNA, VIRGINIA 22180
(703) 255-6321
WWW.VIENNA.VA.GOV

This form will be made available in large
print or on audio cassette upon request.
TTY 711

LICENSE ID #	
ACCOUNT ID #	
VERIFY AND UPDATE	
VA SALES TAX #	
FED TAX #	
NAICS CODE	
CO#	

RENEWAL

**FORM MUST BE RETURNED BY THE FIRST BUSINESS DAY OF MARCH 2026 TO AVOID PENALTY AND INTEREST
BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED**

Include payment, signed form completed FRONT AND BACK, list of renters and VWC form 61A Acknowledgment, if applicable.
PLEASE MAKE ANY CHANGES OR CORRECTIONS ON THIS PRE-PRINTED FORM

A. Enter 2025 GROSS RECEIPTS from Line 11 (BACK OF FORM)	\$
B. If Line A. is \$50,000 or less, enter \$30.00 and proceed to line F.	\$
C. If Line A is more than \$50,000 enter Line A amount divided by 100	\$
D. Appropriate rate (from rate chart)	\$
E. 2025 Gross receipts tax (Line C. times Line D.)	\$
F. Flat fee license if applicable (see rate chart)	\$
G. Alcoholic beverages (see rate chart)	\$ 0.00
H. Mixed Beverages (see rate chart)	\$ 0.00
I. TOTAL 2026 TAX DUE (Sum of lines B, E, F, G, H) \$30 Minimum	\$
J. Add 10% penalty if filing after March 2nd, 2026	\$
K. TOTAL 2026 TAX AND PENALTY (Line I & J)	\$
L. 10% per annum interest on tax & penalty (.0083 x number of months late x Line K.)	\$
M. Balance due from prior year	\$ 0.00
N. TOTAL TO BE PAID TO TOWN OF VIENNA (Line K, L, M)	\$
Date Business Ceased (if Applicable): Gross Receipts: \$	
Name Address of Successor (if Any):	

LICENSE IS NOT TRANSFERABLE

SIGN BELOW OR FORM IS NOT VALID

I declare that the statement and figures herein given are true, complete, full
and correct to the best of my knowledge and belief.

RETAIN A COPY FOR YOUR RECORDS

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

BUSINESS MAILING ADDRESS

BUSINESS NAME / ADDRESS

Vienna Business Professional and Occupational License Questionnaire/Gross Receipts Worksheet

1. Trade Name of Business: _____	
2. What kind of Entity is this Business? (check all that apply)	
☐ Individual	☐ Limited Partnership
☐ General Partnership	☐ Corporation
☐ Home-based	☐ Limited Liability Company
	☐ Non-Profit Organization
3. Corporate / Partnership / LLC Name Registered with the State Corporation Commission: _____	
4. Business' Vienna Street Address: _____	
Business' Website: _____	
Name and Title of Person responsible for filing this application: _____	
(Name)	
(Title)	Phone Number: _____ Date of Birth: _____
Email Address: _____	
5. <i>If you rent the business premises</i> , provide the name and address of landlord. _____	
Amount of Annual Rent: \$ _____ Square Footage of rented space: _____	
6. Number of Full-Time Employees at this Location: _____ Number of Part-Time Employees: _____	
7. Home address and phone <i>if different</i> from Business Location (For Individual Business Only) _____	
8. Name and Title of person who completed this Questionnaire: _____	
Phone Number: _____ Email Address: _____	

Tax Worksheet

9. Actual Gross Receipts from 2025	
10. If included in Gross Receipts, Subtract:	
Virginia State Sales Tax Deduction	
Excise Tax Deduction	
Meals Tax Deduction	
Gross Receipts on which Business License taxes were paid to another jurisdiction (if included in #9 above, provide backup)	
Any other Deductions (provide backup)	
11. GROSS RECEIPTS SUBJECT TO TOWN TAXES (Enter on front of form – Line A.)	